



Massachusetts Department of Environmental Protection
Bureau of Air and Waste – Stage II Vapor Recovery Program

Stage II Form A

Installation/Substantial Modification Certification

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



DEP USE ONLY
/ /
Date Postmarked

A. Stage II System Documentation

1. Stage II System Location

Name of Facility Where the Stage II System is Installed		Phone Number
Facility Address		
City/Town		State
MA		Zip Code

2. If an existing facility enter MassDEP Stage II Facility Account #: _____

3. Is this Form A submitted in response to the installation of a Stage II system at a facility where **no** Stage II system is currently installed? ☐ Yes ☐ No

4. Is this Form A submitted in response to the **substantial modification** of a **currently installed Stage II system**? ☐ Yes ☐ No

5. If **new** Underground Storage Tanks (UST's) have been installed, has an updated **FP-290** UST form been submitted to the MassDEP UST program? ☐ Yes ☐ No

If **NO**, download an FP-290 form from the UST program website link:

<http://www.mass.gov/eea/agencies/massdep/toxics/ust/>

6. How many gasoline storage tanks are associated with this Stage II System? ☐ One ☐ Two or more

7. Fuel dispensed to: ☐ private fleet only ☐ general public

8. **Anticipated** amount of gasoline dispensed annually (gallons/annually):

<input type="checkbox"/> Less than 120,000	<input type="checkbox"/> 120,000 to 240,000	<input type="checkbox"/> 240,001 to 500,000
<input type="checkbox"/> 500,001 to 1,200,000	<input type="checkbox"/> 1,200,001 to 2,000,000	<input type="checkbox"/> Greater than 2,000,000

B. Stage II System Responsible Official Documentation

1. **Stage II System Responsible Official #1** (point of contact for Stage II related correspondence):

Name of Stage II System Responsible Official #1		Phone Number
Mailing Address		
City/Town	State	Zip Code

2. **Stage II System Responsible Official #2** (fill out only if applicable):

Name of Stage II System Responsible Official #2		Phone Number
Name of Company or Facility		
Mailing Address		
City/Town	State	Zip Code



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B. Stage II System Responsible Official Documentation (cont.)

3. Source of Authority for each Stage II System Responsible Official (RO), as applicable. Please check only **one** box for each RO.

If a Corporation, an official with authority to bind the Corporation:

	RO #1	RO #2		RO #1	RO #2
President	<input type="checkbox"/>	<input type="checkbox"/>	Vice President	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	<input type="checkbox"/>	<input type="checkbox"/>	Other person who performs a similar policy-	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	making or decision-making function of the		
			Corporation		

If a Partnership, a general partner

☐ ☐

If a Sole Proprietorship, the proprietor

☐ ☐

If a municipality/public agency, a principal executive official
or ranking elected official with authority to enter into contracts
on behalf of municipality/public agency.

☐ ☐

C. Annual Stage II Compliance Fee Billing Documentation

Name of Dept, Division, etc, otherwise leave blank. Please do **not** indicate contact names.

Phone Number

Name of Company (Corp., Co., Inc., LLC, etc.)

Federal Employer ID# - FEIN

Address

City/Town

State

Zip Code

D. Compliance Testing Company Certification

Section D. is to
be completed
by the
Compliance
Testing
Company only.

1. Name of Compliance Testing Company (please print) _____
2. Compliance Testing Company MassDEP ID #: _____
3. Stage II System CARB Executive Order #: _____
4. Prior to performing required compliance tests, did you confirm that all aboveground Stage II system components are installed and are the correct components in accordance with the system's applicable Executive Order? ☐ Yes ☐ No
5. For Stage II Systems associated with two or more gasoline storage tanks, prior to performing required compliance tests, did you confirm that the gasoline storage tanks are properly manifolded in accordance with the system's currently applicable Executive Order?
☐ Yes ☐ No ☐ Not Applicable (only one gasoline storage tank)
6. Did you perform each applicable compliance test in accordance with the referenced test procedure?
☐ Yes ☐ No



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D. Compliance Testing Company Certification (cont.)

7. Date each required installation compliance test, as applicable, was performed and passed:

Pressure Decay test

Vapor Tie test

P/V Relief Vent test

Dynamic Back Pressure/Liquid Blockage test

Air/Liquid Volume Ratio test

Healy Fill-Neck Pressure test

Healy Vapor Return Line test

8. Compliance Testing Company Responsible Official Certification Statement

I certify that, **(a)** I have personally examined the foregoing and am familiar with the information contained in Section D. and all attachments that pertain to Section D., and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment; and **(b)** I am fully authorized to make this attestation on behalf of this Stage II Compliance Testing Company.

Printed Name of Compliance Testing Company
Responsible Official

Signature of Compliance Testing Company
Responsible Official

Date

Section E. is to
be completed
by Stage II
System
Responsible
Official(s) only.

E. Stage II System Responsible Official Compliance Certification

1. Have you obtained and reviewed the **CARB Executive Order** for your applicable Stage II system to ensure correct operation and maintenance of your Stage II system?

☐ Yes ☐ No (CARB Order number is provided on page 2. Item D. 3.)

If **NO**, CARB Orders are available at: <http://www.arb.ca.gov/vapor/eo-PhaseII.htm>

Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2

2. Are you in compliance with the requirement that the **Stage II system** must be **visually inspected** on a **weekly** basis? ☐ Yes ☐ No

Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2

The **Stage II Weekly Inspection Guidance Manual** for your applicable Stage II System provides you with the correct procedures for conducting required weekly visual inspections. Guidance Manuals are available at: <http://www.mass.gov/eea/agencies/massdep/air/programs/stage-ii-vapor-recovery.html>

3. Are you in compliance with the requirement that all **persons** conducting required weekly visual inspections of the Stage II System are **trained** to operate and maintain the Stage II system in accordance with the system's applicable CARB Executive Order?

☐ Yes ☐ No

Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2



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E. Stage II System Responsible Official Compliance Certification (cont.)

Section E. is to
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4. Are you in compliance with the requirement that incorrectly installed, non-functioning or broken Stage II components identified as a result of a **weekly visual inspection** are to be **immediately repaired** or, if the broken components cannot be immediately repaired, you are required to:
- a. immediately **stop dispensing gasoline through the broken components**, post “Out of Service” signs on the components, and have the components repaired within 14 days of being identified; or, if the components cannot be repaired within 14 days;
 - b. immediately **isolate the broken components** from the remainder of the Stage II system so that the Stage II system is correctly operating and post “Out of Service” signs on the broken components until they are repaired; or, if the stage II system cannot be isolated from the broken components so that the Stage II system is correctly operating;
 - c. immediately **stop all dispensing of gasoline** at the facility and post “Out of Service” signs on all gasoline dispensers until the broken components are repaired, applicable tests performed and passed, and a fully completed Annual In-Use Compliance Certification submitted to the Department as required.

☐ Yes ☐ No

Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2

5. Are you in compliance with the requirement to **maintain the following records on-site** at the Stage II facility, in a centralized location?
- a. All **Weekly Inspection Checklists** over a rolling twelve -month period, identifying incorrectly installed, non-functioning or broken components, actions taken to repair the Stage II system, and the date of repair.
 - b. A copy of **Compliance Testing Company Test Results** for all Stage II Compliance tests performed during the rolling twelve -month period.
 - c. A copy of the currently applicable **MassDEP Stage II In-Use Compliance Certification**.
 - d. **Training Log of all persons trained** to perform weekly inspections of the Stage II System.

☐ Yes ☐ No

Stage II System Responsible Official attesting to compliance status ☐ #1 ☐ #2



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E. Stage II System Responsible Official Compliance Certification (cont.)

6. Stage II System Responsible Official Compliance Certification Statement

I certify that, where I have indicated that I am the Stage II System Responsible Official, **(a)** I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment; **(b)** systems¹ to maintain compliance are in place at the facility and will be maintained for the coming year even if the processes or operating procedures are changed over the course of the year; and, **(c)** I am fully authorized to make this attestation on behalf of the facility.

Printed Name of Stage II System Responsible Official #1

Signature of Stage II System Responsible

Date

Printed Name of Stage II System Responsible Official #2

Signature of Stage II System Responsible

Date

¹ For purposes of this statement, "systems to maintain compliance" means procedures that the Stage II facility owner and/or operator has established to ensure that weekly visual inspections and required tests are conducted, that broken or defective components are repaired, replaced or isolated and that required records are maintained.